

## **Cultural Diversity, Health Disparities and Public Health**

**Satellite Conference and Live Webcast  
Wednesday, November 28, 2007  
12:00-1:30 p.m. (Central Time)**

Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division

## **Faculty**

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## **Objectives**

- **Acquire an introductory knowledge of the cultural diversity terminology and concepts.**
- **Apply concepts on cultural diversity to the public health problem of health disparities.**

## **Objectives**

- **Identify potential social, political and economic determinants of health disparities for culturally diverse population groups.**
- **Identify and clarify the role of the public health community in addressing health disparities.**

## **Module I**

**Definitions of Diversity, Race,  
Ethnicity, Culture**

## **What is Diversity?**

- **Diversity is defined as real or perceived differences among people that affect their interactions and relationships**
- **What are some characteristics about you that make you feel different from another person?**

### **What is Diversity?**

- Diversity is defined as real or perceived differences among people that affect their interactions and relationships
- Real or perceived differences among people can occur with respect to:
  - Race, ethnicity, age, gender, physical and mental ability, family status, marital status, weight, sexual orientation and appearance

### **A Race Definition**

- Race is the categorization of parts of a population based on physical appearance due to particular historical social and political forces

### **Ethnicity**

- An ethnic group is a sub-cultural group of a multicultural society, usually based on a common national or tribal heritage
- Ethnicity- any social grouping that is defined or set off by religion, language, national origin, and cultural differences or some combination of these factors

### **Notes on Race vs. Ethnicity**

- Race is a social category based on similar physical appearance
- Ethnicity is a social category based on shared culture or cultural heritage
- Racial group ≠ Ethnic group
  - A given racial group is not necessarily all the same ethnicity; e.g.- blacks, whites

### **Notes on Race vs. Ethnicity**

- Ethnic group ≠ Racial group
  - A given ethnic group is not necessarily all the same race; e.g.- Cubans

### **Culture**

- Culture is learned
- Culture is passed from generation to generation
- Culture shapes one's experience of the world
- Culture changes over time

### Historical Race Definitions

- Racial theory is shaped by actually existing race relations in any given historical period

### Racial Categories in the U.S. Census

- 1800: White, Other except Indians not taxed, slaves (3/5th person)
- 1890: White, Black, Mulatto, Quadroon, Octoroon, Chinese, Japanese, Indian
- 1920: White, Black, Mulatto, Indian, Chinese, Japanese, Filipino, Hindu, Korean, Other

### Racial Categories in the U.S. Census

- 1930: White, Negro, Mexican, Indian, Chinese, Japanese, Filipino, Hindu, Korean, Other
- 1960: White, Negro, American Indian, Japanese, Chinese, Filipino, Hawaiian, Part-Hawaiian, Aleut, Eskimo, etc.

### Preferred Racial Term

American Indians	Percent Reporting (%)
American Indian	49.8
Alaska Native	3.5
Native American	37.4
Some Other Term	3.7
No Preference	5.7
<b>Total</b>	<b>100</b>

### Preferred Racial Term

Hispanics	Percent Reporting (%)
Hispanic	57.9
Latino	11.7
Of Spanish Origin	12.3
Some Other Term	7.9
No Preference	10.2
<b>Total</b>	<b>100</b>

### Preferred Racial Term

Whites	Percent Reporting (%)
White	61.7
Caucasian	16.5
European-American	2.4
Anglo	1.0
Some Other Term	2.0
No Preference	16.5
<b>Total</b>	<b>100</b>

### Preferred Racial Term

Blacks	Percent Reporting (%)
<b>Black</b>	<b>44.2</b>
<b>African-American</b>	<b>28.1</b>
<b>Afro-American</b>	<b>12.1</b>
<b>Negro</b>	<b>3.3</b>
<b>Colored</b>	<b>1.1</b>
<b>Some Other Term</b>	<b>2.2</b>
<b>No Preference</b>	<b>9.1</b>
<b>Total</b>	<b>100</b>

## Module II

### African Americans in the U.S.

### Mortality Profile of African Americans

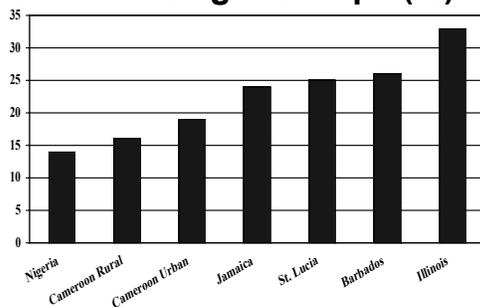
- Experience a more than double infant mortality rate
- Have a 30% higher death rate for all cancers
- Are more than seven times more likely to die from HIV/AIDS

### Cancer Treatment/Burden of Disease (All Cancers)

Cancer deaths per 100,000 population per year for all cancers, by race, U.S., 2003

	Total		White		Black		Asian		AI/AN	
	Rate	SE	Rate	SE	Rate	SE	Rate	SE	Rate	SE
<b>Total</b>	193.5	0.3	191.7	0.3	238.8	1	113.6	1.2	125.4	2.8
<b>0-17yrs</b>	2.6	0.1	2.7	0.1	2.7	0.2	2.4	0.3	2.3	0.5
<b>18-44</b>	18.8	0.1	18.4	0.1	24.2	0.4	12.2	0.5	11.3	0.9
<b>45-64</b>	214.5	0.6	209.7	0.6	291.7	2	122.9	2.1	133.3	4.8
<b>65 and over</b>	1098.3	1.7	1102.7	1.9	1246.7	6.4	590.6	7.7	674.6	19.2
<b>Female</b>	163.1	0.3	162.4	0.3	190.3	1.1	95.9	1.4	112.9	3.5
<b>Male</b>	238.9	0.4	235.2	0.5	319.6	1.8	137.9	2	141.9	4.7

### Hypertension, 7 West African Origin Groups (%)



### Racism Mechanisms

- Institutional discrimination can restrict socioeconomic attainment and lead to group differences in SES and health
- Segregation can create pathogenic residential conditions
- Discrimination can lead to reduced access to desirable goods and services

## Racism Mechanisms

- Internalized racism (acceptance of society's negative characterization) can adversely affect health
- Racism can create conditions that increase exposure to traditional stressors (e.g. unemployment)
- Experiences of discrimination may be a neglected psychosocial stressor

## Module III

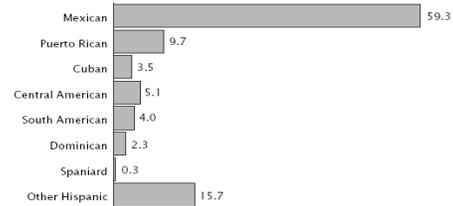
### Latinos in the U.S.

## Defining Hispanic/Latino

- There is no universally accepted term describing the population we often call Hispanic or Latino
- The federal government defines Hispanic or Latino as a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race
  - Hispanics may be any race

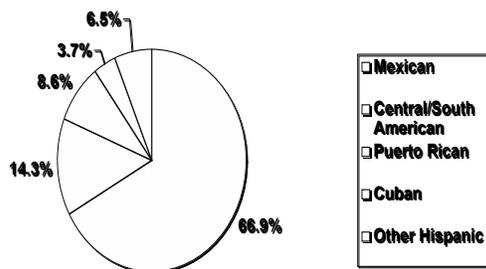
## Hispanic Population by Origin

Figure 1.  
Hispanic Population by Origin: 2000  
(Percent distribution. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www.census.gov/prod/cen2000/doc/sf4.pdf](http://www.census.gov/prod/cen2000/doc/sf4.pdf))



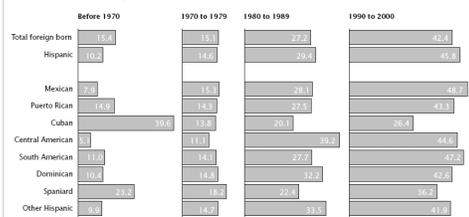
Source: U.S. Census Bureau, Census 2000 Summary File 4.

## Hispanic Population by Origin, 2002



## Foreign Born by Year of Entry

Figure 7.  
Foreign Born by Year of Entry: 2000  
(Percent distribution. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www.census.gov/prod/cen2000/doc/sf4.pdf](http://www.census.gov/prod/cen2000/doc/sf4.pdf))

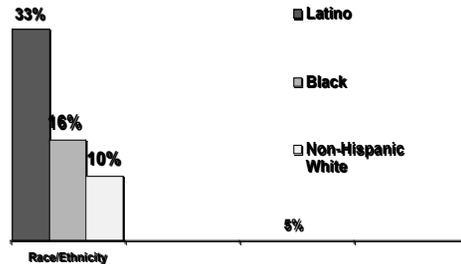


Source: U.S. Census Bureau, Census 2000 Summary File 4.

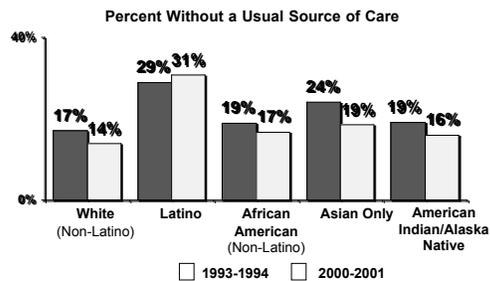
## Cultural Issues

- **Acculturation:** the process by which an individual raised in one culture enters the social structure and institutions of another and internalizes the prevailing beliefs and attitudes of the new culture (Franzini, 2002)

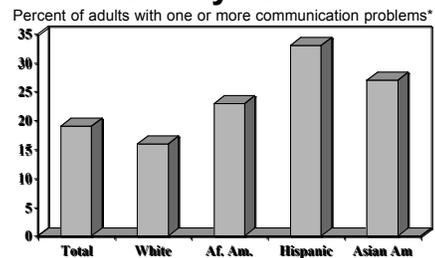
## No Health Insurance Coverage by Race/Ethnicity, 2004



## No Usual Source of Health Care: Adults 18-64, by Race/Ethnicity, 1993-1994 and 2000-2001



## Difficulty in Communicating with Physicians



Base: Adults with health care visit in past two years

\*Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

## Module IV

### Asian Americans in the U.S.

## Defining Asian American/Pacific Islander Communities

- “Asian” refers to those having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

## Defining Asian American/Pacific Islander Communities

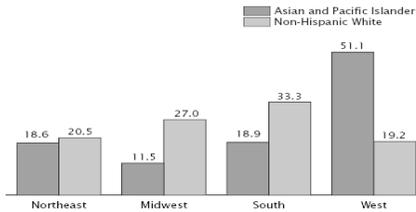
- “Pacific Islander” refers to those having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

## Defining Asian American/Pacific Islander Communities

- The Asian and Pacific Islander population is not a homogeneous group; rather, it comprises many groups who differ in language, culture, and length of residence in the United States

## Geographic Distribution of AAPIs

Figure 1.  
Region of Residence for Selected Groups: 2002  
(Percent distribution of population)



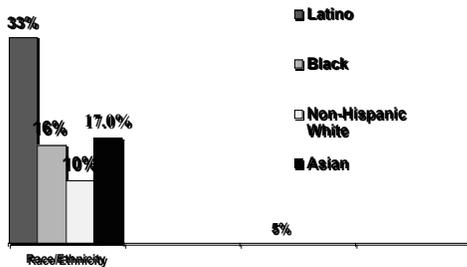
Source: U.S. Census Bureau, Annual Demographic Supplement to the March 2002 Current Population Survey.

## Diversity of Asian Americans

Asian Americans are very diverse w.r.t.

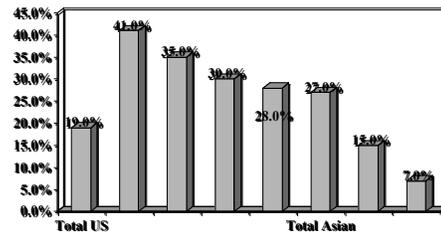
- Countries of origin, ethnicities
- Languages and dialects
- Immigration history
- Length of stay/generation in the U.S.
- Socioeconomic status
- Religion
- Acculturation

## No Health Insurance Coverage by Race/Ethnicity, 2004



## Difficulty in Communicating with Physicians

Percent of adults with one or more communication problems\*



Base: Adults with health care visit in past two years

\*Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

## Module V

### Sex/Gender Identities in the U.S.

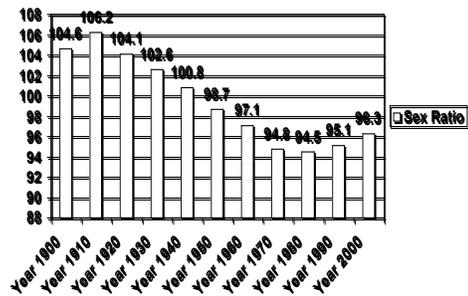
## Unpacking Gender

- Gender is more than the usual socialized interactions between people
- Gender is a major form of social stratification which determines/influences
  - Unequal access to resources, power and control, socioeconomic status, social status

## Unpacking Gender

- Biased public representations, discriminatory treatment and policies
- Social roles and expectations
- Susceptibility and exposure to various health risks

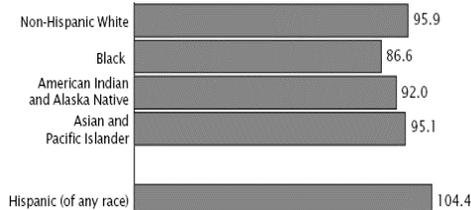
## Sex Ratios for U.S. 1900- 2000



## Sex Ratios by Race/Ethnicity

### Sex Ratios by Race and Hispanic Origin: 2002

(Males per 100 females)

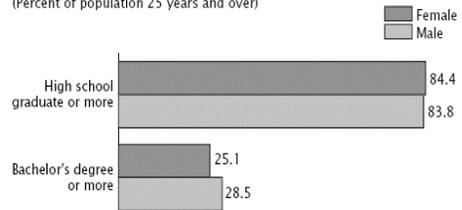


Source: U.S. Census Bureau, Current Population Survey, March 2002.

## Educational Attainment by Sex, 2002

### Educational Attainment by Sex: 2002

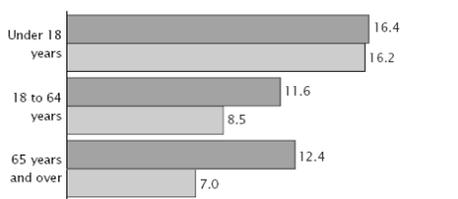
(Percent of population 25 years and over)



Source: U.S. Census Bureau, Current Population Survey, March 2002.

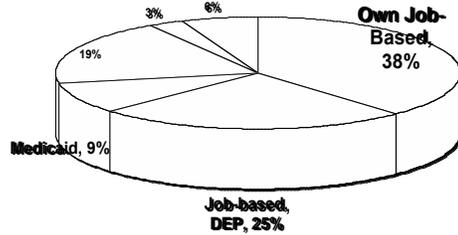
## Poverty Rates by Sex and Age, 2001

Poverty Rates of the Population by Sex and Age: 2001  
(Percent of population in poverty)



Source: U.S. Census Bureau, Current Population Survey, March 2002.

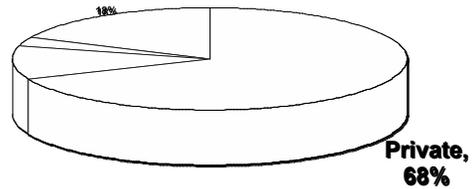
## Women's Health Insurance Coverage



## Leading Causes of Death for Women (All Races), 2002

1. Heart Disease 28.6%
2. Cancer 21.6%
3. Stroke 8.0%
4. Chronic lower respiratory diseases 5.2%
5. Alzheimer's disease 3.4%
6. Diabetes 3.1%
7. Unintentional injuries 3.0%
8. Influenza and pneumonia 3.0%
9. Kidney disease 1.7%
10. Septicemia 1.5%

## Men's Health Insurance Coverage



## Life Expectancy

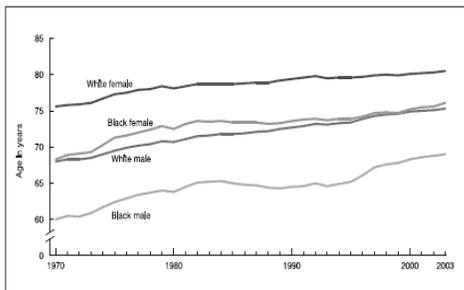


Figure 1. Life expectancy at birth by race and sex: 1970-2003

## Leading Causes of Death U.S. Men (All Races)

1. Heart Disease 28.4%
2. Cancer 24.1%
3. Unintentional injuries 5.8%
4. Stroke 5.2%
5. Chronic lower respiratory diseases 5.1%
6. Diabetes 2.9%
7. Influenza and pneumonia 2.4%
8. Suicide 2.1%
9. Kidney disease 1.6%
10. Chronic liver disease 1.5%

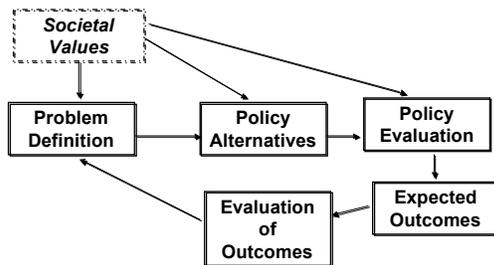
## Unpacking Gender

- There are systematic gender differences in income, resources, and benefits
  - Division of labor in household
  - Division of labor outside the household
  - Levels of education
  - Medical care received
  - Other liberties

## Module VI

### Societal Values and Health Policy

## Policy Analysis Cycle



## What Is “Good” Public Policy?

- Government decisions and actions that address public problems consistent with widely shared values & ideas
- How do we decide which issues are to be considered public problems?
- What are those widely shared values & ideas?
  - Constant over time and space?

## Societal Values

- Are there conflicts between cultural norms and values of racial minorities and “American” values?
- How do values shape policy (political parties)? Cross-national comparisons

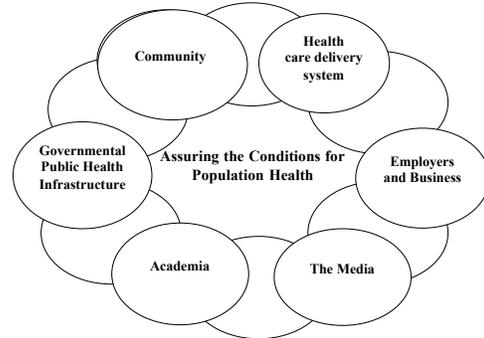
## Module VII

### Synthesizing Diversity Issues and Public Health Practice

## Public Health Approach

- The public health approach refers to the organized efforts of society, both government and others, to assure the population's health

## The Public Health Approach



## Areas of Action and Change

- Health = public good = social goal of many sectors and communities
- Government has fundamental, statutory duty to assure the health of the public, *but*
- Government cannot do it alone
- Need for intersectoral engagement in partnership with government

## Areas of Action and Change

- Adopt a population-level approach, including multiple determinants of health
- Strengthen the governmental public health infrastructure
- Build partnerships
- Develop systems of accountability
- Base policy and practice on evidence
- Enhance communication

## Educational Recommendations for Schools of Public Health (IOM)

- Eight new content areas needed
  - Informatics
  - Communication
  - Global health
  - Ethics
  - Genomics
  - Community-based participatory research (CBPR)
  - Cultural competency
  - Policy and law

## Upcoming Programs

Two Years Later: Continued Psychological Difficulties of First Responders and the Affected General Population Post Katrina  
 Friday, November 30, 2007  
 12:00-1:30 p.m. (Central Time)

Fitness for Duty: A Simple System for Making Health Related Change  
 Thursday, January 17, 2008  
 12:00-1:30 p.m. (Central Time)